

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Jamie Stern MD

Mailing Address 875 Old Country Rd Ste 200

City
Plainview

State
NY

Zip Code
11803-4934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island ENT Assc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 5744549

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Marc D. Maslov MD

Mailing Address PO Box 545

City

Seneca

State

PA

Zip Code

16346-0545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ear Nose & Throat Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2014

Transaction ID : 5744550

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard M Rosenfeld MD MPH

Mailing Address 339 Hicks St

Department of Otolaryngology

City

Brooklyn

State

NY

Zip Code

11201-5509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Clg Hosp

Occupation

Professor and Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 01 / 2014

Transaction ID : 5768890

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00